

**SINGLE COMPANY**  
**ADVANCED TECHNOLOGY PROGRAM PROPOSAL COVER SHEET**  
(CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 11.612)

Public reporting burden for this collection of information is estimated to average thirty (30) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Advanced Technology Program, Administration Building, Room A405, Gaithersburg, Maryland 20899-0001.

1. COMPETITION NUMBER	2. TECHNOLOGY AREA (For General Competition Only)	3. TYPE OF PROPOSAL <input type="checkbox"/> NEW <input type="checkbox"/> RESUBMISSION DATE PREVIOUSLY SUBMITTED _____
-----------------------	--	---

4. NAME AND ADDRESS OF COMPANY	5. DUN AND BRADSTREET NUMBER
	6. TYPE OF ORGANIZATION <input type="checkbox"/> PROFIT - SMALL BUSINESS <input type="checkbox"/> FOREIGN-OWNED U.S. SUBSIDIARY <input type="checkbox"/> PROFIT - OTHER THAN SMALL BUSINESS

7. NAME OF TECHNICAL CONTACT (Address required, if different than Item 3)        TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:	8. NAME OF BUSINESS CONTACT (Address required, if different than Item 3)        TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:
---	--

9. PROPOSED START DATE	10. DURATION YEARS/MONTHS
------------------------	---------------------------

11. SOURCES OF FUNDS	YEAR ONE	YEAR TWO	YEAR THREE	TOTAL
A. ATP (DIRECT COSTS ONLY)	\$	\$	\$	\$
B. PROPOSER (INDIRECT/DIRECT COSTS)				
C. OTHER FEDERAL				
D. STATE/LOCAL				
E. OTHER PRIVATE				
F. TOTAL (LINES A THRU E)	\$	\$	\$	\$

12. PROPOSAL TITLE
--------------------

13. PROPOSAL ABSTRACT
-----------------------

14. CERTIFICATION: BY SIGNING THIS PROPOSAL COVER SHEET, I CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT ALL DATA IN THIS PROPOSAL ARE TRUE AND CORRECT AND THAT:

- A. THIS PROPOSAL IS NOT REQUESTING FUNDING FOR EXISTING OR PLANNED RESEARCH PROGRAMS THAT WOULD BE CONDUCTED IN THE SAME TIME PERIOD IN THE ABSENCE OF FINANCIAL ASSISTANCE UNDER THE ATP.
- B. ALL INDIRECT COSTS PROPOSED IN THIS PROPOSAL ARE INCLUDED UNDER THE COMPANY’S SHARE OF COSTS AND NO INDIRECT COSTS ARE INCLUDED IN THE ATP SHARE OF COSTS REQUESTED.
- C. THE FOLLOWING QUESTIONS HAVE BEEN TRUTHFULLY ANSWERED:

YES

NO

i. IS THE COMPANY DELINQUENT ON ANY FEDERAL DEBT? IF YES, EXPLAIN IN ITEM 15, REMARKS.

ii. WAS PROPOSAL OR VERY SIMILAR PROPOSAL SUBMITTED TO ANOTHER FEDERAL AGENCY? IF YES, EXPLAIN IN ITEM 15, REMARKS.

iii. DOES THE COMPANY HAVE A PARENT COMPANY OUTSIDE THE UNITED STATES? IF YES, IDENTIFY THE PARENT COMPANY AND ITS PLACE OF INCORPORATION IN ITEM 15, REMARKS.

iv. IS THE COMPANY MAJORITY OWNED BY INDIVIDUALS WHO ARE NOT CITIZENS OF THE UNITED STATES? IF YES, EXPLAIN IN ITEM 15, REMARKS.

v. IS THE COMPANY SUBJECT TO CONTROL BY INDIVIDUALS WHO ARE NOT CITIZENS OF THE UNITED STATES? IF YES, EXPLAIN IN ITEM 15, REMARKS.

15. REMARKS

16. AUTHORIZED COMPANY REPRESENTATIVE (NAME AND TITLE TYPED)	17. TELEPHONE NUMBER
18. SIGNATURE	19. DATE

**ESTIMATED MULTI-YEAR BUDGET - SINGLE COMPANY**

	YEAR ONE	YEAR TWO	YEAR THREE	TOTAL
<b>1. OBJECT CLASS CATEGORY</b>				
A. Technical Personnel Salaries/Wages	\$	\$	\$	\$
B. Technical Personnel Fringe Benefits				
C. Administrative Support Salaries/Wages				
D. Administrative Support Fringe Benefits				
E. Travel				
F. Equipment				
G. Materials/Supplies				
H. Subcontracts				
I. Other				
J. Total Direct Costs (Line A thru I)				
K. Total Direct Costs Requested From ATP				
L. Total Direct Costs Shared by Proposer	\$	\$	\$	\$
M. Total Indirect Costs Absorbed by Proposer	\$	\$	\$	\$
N. Total Costs (Lines K, L, and M)	\$	\$	\$	\$
<b>2. SOURCES OF FUNDS</b>				
A. ATP (Same as Line K)	\$	\$	\$	\$
B.				
C.				
D.				
E.				
F.				
G. Total Sources of Funds (Same as Line N)	\$	\$	\$	\$
<b>3. TASKS</b>				
A.	\$	\$	\$	\$
B.				
C.				
D.				
E.				
F.				
G. Total Costs of All Tasks (Same as Line N)	\$	\$	\$	\$